



2197 Chase Drive  
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## Swimmer Information 2022

Please complete and turn into the Hagan Community Center Office before your child(ren) swim

### Swimmer Information *(please include middle initial)*

		Age on <u>6/1/22</u>	Gender	New or Return
Full Name: _____	Birthdate: _____	_____	M / F	N / R
Full Name: _____	Birthdate: _____	_____	M / F	N / R
Full Name: _____	Birthdate: _____	_____	M / F	N / R
Full Name: _____	Birthdate: _____	_____	M / F	N / R

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ 1<sup>st</sup> Email (for TeamUnify): \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Work: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Volunteer Commitment Terms

The Cordova Blue Marlin Parent Board requires each family to submit a \$200 refundable volunteer deposit. This will not be deposited at the end of the season, provided ALL VOLUNTEER SHIFTS for the season are completed. Volunteer job postings are available for sign-up on Team Unify. Our program requires the help of all team parents. Each family's completion of their volunteer commitment is vital for the success of the Cordova Blue Marlins.

***Initials Each family is responsible for the following volunteer requirements (PLEASE INITIAL):***

- \_\_\_\_\_ Volunteer at least one (1) shift per participating meet including Championships
- \_\_\_\_\_ Volunteer at least one (1) SET-UP or TAKE DOWN shift during the swim season
- \_\_\_\_\_ Check-in with Volunteer Coordinator at the beginning and end of each shift
- \_\_\_\_\_ Volunteer a minimum of 20 hours total
- \_\_\_\_\_ Sign-up for volunteer shifts at [www.cordovabluemarlins.com](http://www.cordovabluemarlins.com)
- \_\_\_\_\_ Failure of a family to meet its volunteer commitment will result in forfeiture of deposit



**I have read, understand and agree to Cordova Blue Marlin's Volunteer Commitment:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

**Payable to CRPD for Marlin season of 5/2-7/24:**

\_\_\_\_\_ \$255 Registration fee

**Payable to Cordova Blue Marlins (separate check):**

\_\_\_\_\_ \$200 Volunteer deposit (per family)

**Forms signed:**

\_\_\_\_\_ Swimmer Code of Conduct

\_\_\_\_\_ Parent/Guardian Code of Conduct

\_\_\_\_\_ Parent/Guardian Concussion Awareness Form

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

# Cordova Blue Marlins Swim Team

May 2 - July 24, 2022

Mondays – Saturdays

Location: Cordova Community Pool  
and various meet locations

## Agreement, Waiver and Release

In consideration for being permitted by the Cordova Recreation & Park District to participate in the above-referenced activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the CRPD (including its officers, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors and assigns and that I shall indemnify and hold the Cordova Recreation & Park District (including its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

**PHOTOGRAPHIC RELEASE:** I understand that photographs may be taken during this activity and hereby grant the CRPD permission to use any such photo(s) for advertising or in promotional materials.

**PARENTAL/GUARDIAN CONSENT:** (to be completed and signed by parent/guardian if Participant is under 18 years of age.) I hereby consent that the participant(s) listed below participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the CRPD (including its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with said minor's participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER & RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

NAME OF PARTICIPANT(S):

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